

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006240

STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 104 Primary Registration District No. 8032 Registrar's No. 29

|  |                                  |   |   |  |   |  |   |
|--|----------------------------------|---|---|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Johnson</u>  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Warrensburg, Mo.</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY<br>OR<br>TOWN <u>Holden, Mo.</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>Medical Center</u>  |                                  |   | Length of stay in 1b<br><u>8 days</u>   | d. STREET (If outside, give location)<br>ADDRESS <u>South Main St.</u>   |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Cliffie</u> Middle <u>(none)</u> Last <u>Wallace</u>  |                                  |   |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>18</u> Year <u>1958</u>   |   |  |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>Nov. 8, 1885</u>  |   | 9. AGE (In years last birthday)<br><u>72</u>   | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Insurance agent</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Insurance</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Kingsville, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |   |
| 13. FATHER'S NAME<br><u>W. B. Wallace</u>  |                                  |   |   | 14. MOTHER'S MAIDEN NAME<br><u>Jennie Hogan</u>  |   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>- -</u>   |   | 17. INFORMANT<br>Address<br><u>Mrs. Roy Preston, Kingsville, Mo.</u>   |   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>   |                                  |   |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 days</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                  |   |   |  |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>Coronary heart failure</u>   |                                  |   |   |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)<br><u>4201</u> |  |   |  |   |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____  |                                  |   |   |  |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY   | STATE   |
| 21. I attended the deceased from <u>2-9-58</u> to <u>2-12-58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>2-12-58</u><br>Death occurred at <u>10:45</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |   |  |   |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title)   |                                  |   |   | 22b. ADDRESS<br><u>Warrensburg Mo</u>  |   | 22c. DATE SIGNED<br><u>2-25-58</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   | 23b. DATE<br><u>2-20-58</u>      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Holden Cemetery</u>  |   | 23d. LOCATION (City, town, or county)<br><u>Holden, Mo.</u>  |   | 23e. (State)   |   |
| 24. FUNERAL DIRECTOR<br><u>E. B. CAST HOLDEN MO</u>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Feb. 20, 1958</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u> |  |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 40

P. O. Address Holden,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.